

Notice of Privacy Practices: Golden Phoenix Acupuncture & Wellness

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: January 1, 2024

Golden Phoenix Acupuncture & Wellness is committed to protecting the privacy and security of your health information. This Notice of Privacy Practices explains how we may use and disclose your medical information and your rights regarding your medical information.

We are required by law to maintain the privacy of your health information, provide you with this Notice of Privacy Practices, and abide by the terms of this Notice.

Privacy Policy: Per HIPAA (Health Insurance Portability and Accountability Act) regulation and Florida Law, Golden Phoenix Acupuncture & Wellness LLC takes the right to your privacy seriously. Therefore, we do not disclose any personal, health, financial, or any other information about you, or the services we provide to you to any third parties without your request or permission. This also includes online services we provide, including access to your appointment information, user ID, or password. As healthcare practitioners and administrators, we are also responsible for staying up-to-date with HIPAA regulations and for properly training all staff members and new employees to ensure that your personal health information is not compromised

Uses and Disclosures of Your Health Information: Without your written authorization, we may use and disclose your health information for treatment, payment, and healthcare operations. Additionally, we may use and disclose your health information for other purposes allowed or required by law, such as: Sharing information with other healthcare providers involved in your care, submitting insurance claims for payment, and conducting quality assessment and improvement activities.

You have the following rights regarding your health information: The right to access your medical records, the right to request amendments to your medical records, the right to request restrictions on how your information is used and disclosed, the right to receive an accounting of certain disclosures of your information, the right to request confidential communications, the right to receive a copy of this Notice of Privacy Practices.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, email contac@drlarasmith.com or call 727-222-6980.

We reserve the right to change this Notice of Privacy Practices. Any changes will apply to all health information we maintain. We will provide a revised Notice upon request. If you have any questions or concerns about your privacy rights or our privacy practices, please contact Dr. Larissa Smith at contac@drlarasmith.com or 727-222-6980.

Acknowledgment: I acknowledge receiving a copy of this Notice of Privacy Practices.

Patient Name: _____ Date: _____

Financial Policy: Golden Phoenix Acupuncture & Wellness

We appreciate your trust in us as your healthcare provider and are dedicated to your successful treatment journey. Payment for services rendered is an integral part of your treatment plan. Kindly review and sign our Financial Policy before your appointment. Additionally, completion of the new patient intake forms is mandatory for all patients before consulting with the physician.

Payment Terms:

Payment in full is required at the time of service. We accept various forms of payment, including cash, checks, Venmo, CashApp, and major credit cards (Mastercard, Visa, Discover, and American Express).

Insurance:

Please note that we do not directly accept insurance or file insurance claims. Upon request, we will provide a superbill to assist you in seeking reimbursement from your insurance provider. However, reimbursement is not guaranteed.

Usual and Customary Rates (UCR):

Our practice adheres to the usual and customary rates for our area. It's important to understand that certain services may not be covered by insurance and may be deemed "non-covered" or unnecessary by your insurance provider. Regardless of insurance determinations, you are responsible for payment in full.

Missed Appointments:

We kindly request a minimum of 24 hours' notice for appointment cancellations. Missed appointments will be subject to a \$25 charge. Consistent adherence to your treatment schedule contributes to the effectiveness of your treatments and ensures optimal care.

Returns:

We regret that we are unable to offer refunds for personalized formulas, raw herbs, powdered herbs, or expired products. Unopened, unmarked patented formulas may be returned within 30 days of purchase for a refund.

Your understanding of our Financial Policy is greatly appreciated. Should you have any questions or concerns, please don't hesitate to contact us.

I have reviewed the Financial Policy and agree to its terms.

Patient Signature: _____ Date: _____

A photocopy of this form is considered as valid as the original.